

**AGENCY OF HUMAN SERVICES**  
**INTEGRATING FAMILY SERVICES**  
*Strategic Plan and Work Plan*  
*February 2015 through June 2016*

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## Introduction to Strategic and Work Plan

- These plans are intended to assure the IFS Management Team, IFS Senior Leadership Team, IFS Implementation Team and current and future IFS communities are pulling in the same direction.
- The strategic plan helps to operationalize the IFS theory of change (see the document entitled “Building Blocks for Change”), and it provides the big picture to inform the work plan.
- The work plan provides more detail specific to the eight elements of the IFS model. While each element has its own priorities, all eight elements are inter-related. Progress in one area will depend in part on progress in other areas.
- Both of these documents will be updated as needed to reflect current conditions, lessons learned and new thinking.
- If you have questions about these plans please contact any member of the IFS management team with your thoughts: Cheryle Bilodeau, IFS/AHS Director, [Cheryle.Bilodeau@state.vt.us](mailto:Cheryle.Bilodeau@state.vt.us), 802-760-9171; Susan Bartlett, AHS Special Projects, [Susan.Bartlett@state.vt.us](mailto:Susan.Bartlett@state.vt.us), 802-917-4852; Carol Maloney, AHS Director of Systems Integration, [Carol.Maloney@state.vt.us](mailto:Carol.Maloney@state.vt.us), 802-279-6677.



## The Agency of Human Services Outcomes

The following outcomes direct the work of the Agency and were enacted by the Vermont Legislature in 2014 through Act 168, an act relating to reporting on population-level outcomes and indicators and on program-level performance measures. (The full act can be found at: <http://www.leg.state.vt.us/DOCS/2014/ACTS/ACT186.PDF>). This act was passed for the General Assembly to obtain data-based information to know how well State government is working to achieve the population-level outcomes the General Assembly sets for Vermont's quality of life, and will assist the General Assembly in determining how best to invest taxpayer dollars.

1. Vermont has a prosperous economy.
2. Vermonters are healthy.
3. Vermont's environment is clean and sustainable.
- 4. *Vermont's communities are safe and supportive.***
- 5. *Vermont's families are safe, nurturing, stable, and supported.***
- 6. *Vermont's children and young people achieve their potential, including:***
  - a. Pregnant women and young people thrive.***
  - b. Children are ready for school.***
  - c. Children succeed in school.***
  - d. Youths choose healthy behaviors.***
  - e. Youths successfully transition to adulthood.***
7. Vermont's elders and people with disabilities and people with mental conditions live with dignity and independence in settings they prefer.
8. Vermont has open, effective, and inclusive government at the State and local levels.

***The bold, italicized outcomes were incorporated into how the IFS approach will be measured***

**IFS Outcomes: How the IFS Approach is Viewed and Measured at All Levels**

*The items in brackets need further clarification which will occur in the Accountability and Oversight Work Group*

<b>IFS Vision</b>	Vermonters work together to ensure all children, youth and families have what they need to reach their full potential.			
<b>IFS Mission</b>	Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont’s children, youth and families.			
<b>IFS Outcomes</b>	a. Pregnant women and young children thrive/Children are ready for school	b. Families are safe, stable, nurturing and supported	c. Youth choose healthy behaviors/Youth successfully transition to adulthood	d. Communities are safe and supportive
<b>Population Indicators</b>	a. % of women who receive first trimester prenatal care b. [children meeting developmental milestones/screenings] c. [% of children ready for school] d. [% of children and youth with a medical home]	a. Rate of child abuse and neglect b. [substance abuse measure?] c. [parents having skills they need to be successful parents] d. [parents having concrete supports in times of need]	a. % of adolescents who feel valued by their community b. % of students with plans for education, vocational training, or employment following high school c. [youth engaging in healthy behaviors – physical activity and nutrition?] d. [a school-aged children indicator] e. [substance abuse measure?]	a. % access to safe and supervised early childhood and out of school care b. [housing indicator] c. [% of families who have experienced homelessness in the past year] d. [% of families who are food insecure]
<b>IFS Performance Measures</b>	1. [% of clients with a plan of care developed collaboratively with families, and that includes needs identified through standardized screenings, assessments, evaluations, and/or care information summary] 2. [% of families that have shown improvement on a standardized assessment tool] 3. [a measure that demonstrates level of satisfaction from family perspective] 4. [measure that demonstrates quality execution of plan of care (e.g., timeliness, appropriateness, evidence-informed)]			

**Strategic Plan ~ FY2016-FY2020**

*See the Building Blocks for Change document for additional detail*

**IFS Vision:** *Vermonters work together to ensure all children, youth and families have what they need to reach their full potential.*

**IFS Mission:** *Integrating Family Services brings state government and local communities together to ensure holistic and accountable planning, support and service delivery aimed at meeting the needs of Vermont’s children, youth and families.*

<b>FY2016-FY2017</b>	<div>I. IFS’ vision, goals and strategies are clearly communicated.</div> <div>II. Additional communities are supported in creating local governance agreements to prepare for IFS expansion.</div> <div>III. State and community partners utilize population indicators as a way to drive decision-making and identify gaps in services.</div> <div>IV. Integrating Family Services (IFS) grantees are held to common outcomes and performance measures.</div> <div>V. State and community partners, in collaboration with people who receive supports and services, work to create effective communications strategies and systems.</div> <div>VI. State and community partners develop a consistent and replicable financing model that connects health, human services and education systems.</div> <div>VII. State and community partners report increased administrative efficiencies and flexible and coordinated service delivery.</div>
<b>FY2018-2019</b>	<div>I. State and community partners show improved outcomes for Vermont’s children and families.</div> <div>II. Community partners work collaboratively and effectively to use funds flexibly to meet the identified needs of children, youth and families.</div> <div>III. Planning at the state and regional level is driven by a holistic and collaborative perspective of Vermont’s children, youth and families service delivery system and community supports.</div> <div>IV. Policies cut across AHS department lines in ways that promote seamless service delivery to children, youth and families that build on strengths in each community.</div>
<b>FY2020</b>	<div>I. All AHS regions have implemented the IFS approach.</div> <div>II. Families understand and can easily access supports and services they need regardless of geography, income or type of need.</div> <div>III. Policymakers and service providers use data to drive policy decisions and reallocate resources to most effectively meet the needs of Vermonters.</div>

## Implementation of Work Plan

Element	Modality	Chair(s)
<b>Accountability and Oversight</b>  <i>Ensure the various aspects of effective IFS accountability and oversight are being implemented consistently and broadly</i>	Work Group	Cheryle Bilodeau, Sarah Merrill and Keith Grier
<b>Financing and Payment Reform</b>  <i>Articulate and implement specific strategies that permit flexible and innovative use of funds</i>	Work Group	Susan Bartlett
<b>Community-Based Prevention and Promotion</b>  <i>Identify and align whole-population and systems-wide frameworks, policies and practices that inform service delivery with an eye towards consistency and seamlessness</i>	Work Group	Carol Maloney and Charlie Biss
<b>State and Local Service Delivery</b>  <i>Determine community-based responses that reflect specific needs highlighted by community-level data and the key components of the IFS model</i>	Work Group	Cheryle Bilodeau, Jill Evans and Belinda Bessette
<b>Leadership and Governance</b>  <i>Ensure the primary constituencies needed for successful implementation are actively engaged and clear on their roles and responsibilities</i>	Work Group	Carol Maloney, Mary Moulton and Terri Edgerton
<b>Data and Technology</b>	Ad hoc groups are occurring as needed, convened by the IFS Management Team	
<b>Human Resources and Organizational Structure</b>	IFS Management Team is responsible for with support and assistance from partners	
<b>Communications</b>	Embedded across all work groups	

To see the list of work group members please go to <http://humanservices.vermont.gov/Integrating-Family>

Integrating Family Services Work Plan  
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GOAL	POSSIBLE ACTION STEPS	TEAM OR GROUP RESPONSIBLE	COMPLETION DATE
FINANCING AND PAYMENT REFORM			
1. A system is in place to ensure statewide consistency re: bundled payments, and the funding included in the bundle is coordinated with other non-bundled funding streams	a. Finance WG creates a plan for review by SLT b. Explore options regarding expanding bundle c. Identify what are the Medicaid funding sources? (MMIS Special Projects Grant) d. Creation of a clear decision-making process for funding e. Make sure VT is following formal legal regulations and processes f. Make sure any changes are appropriately reviewed g. Explore Values Based Purchasing as an option for payment reform efforts h. Funding for developmental services is included in IFS bundles in a way that ensures services can respond to individual clients’ needs i. IFS Manual clearly states what is in the bundle	Financing and Payment Reform Work Group	
2. IFS payment reform leverages health reform efforts	TBD	Financing and Payment Reform Work Group	
3. Funding distribution across the state is articulated, regularly evaluated and based on an equitable funding formula	a. Individual budgets in the regions are shifted to an outcome-based model. b. Inventory of funding-what is in and out c. Ensure alignment between Addison and FGI in terms of what services are in the bundle	Financing and Payment Reform Work Group	
4. Determine whether or not to disperse funding through grants or contracts and if a single fiscal agent is the best model	TBD	Financing and Payment Reform Work Group	